

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000124295

1. Entity Name
GRACE FUND MANAGEMENT SERVICES, INC.



Principal Place of Business
10086 GRIFFIN ROAD
COOPER CITY, FL 33328

Mailing Address
10086 GRIFFIN ROAD
COOPER CITY, FL 33328



03052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5619613	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MITCHELL, DOUGLAS L
10086 GRIFFIN ROAD
COOPER CITY, FL 33328

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000308455
05/06/08-80030-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MITCHELL, DOUGLAS L
STREET ADDRESS	10086 GRIFFIN ROAD
CITY-ST-ZIP	COOPER CITY, FL 33328

TITLE	VP
NAME	MITCHELL, NORMA G
STREET ADDRESS	10086 GRIFFIN ROAD
CITY-ST-ZIP	COOPER CITY, FL 33328

TITLE	S
NAME	MITCHELL, NORMA G
STREET ADDRESS	10086 GRIFFIN ROAD
CITY-ST-ZIP	COOPER CITY, FL 33328

TITLE	T
NAME	MITCHELL, DOUGLAS L
STREET ADDRESS	10086 GRIFFIN ROAD
CITY-ST-ZIP	COOPER CITY, FL 33328

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-08 (954) 252-7595